

<i>SERFF Tracking Number:</i>	<i>HUMA-126727024</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>46248</i>
<i>Company Tracking Number:</i>	<i>1706 6/10</i>		
<i>TOI:</i>	<i>H14I Individual Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14I.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>Discount and Services Programs Endorsement - Health</i>		
<i>Project Name/Number:</i>	<i>/1706 6/10</i>		

Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Discount and Services

SERFF Tr Num: HUMA-126727024 State: Arkansas

Programs Endorsement - Health

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 46248

Closed

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: 1706 6/10

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Gary Newman

Disposition Date: 08/05/2010

Date Submitted: 07/20/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 1706 6/10

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed

simultaneously in our domicile state of South Carolina.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/05/2010

Explanation for Other Group Market Type:

State Status Changed: 08/05/2010

Deemer Date:

Created By: Gary Newman

Submitted By: Gary Newman

Corresponding Filing Tracking Number:

Filing Description:

We are submitting endorsement form number 1706 6/10 for review and approval. The form is new and is not intended to replace any form currently on file with your Department.

Endorsement form 1706 6/10 will be used with the following previously approved health products:

form 90840 , approved on 6/2/09;

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form 70620 AR, approved on 11/4/09; and
Form 70130 AR, approved on 2/13/09, SERFF# MCHX-126124832.

The endorsement form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval .

Thank you for your attention to this filing. If you should have any questions, please contact me at 502-476-1423. My email address is gnewman@humana.com

Company and Contact

Filing Contact Information

Gary Newman, Compliance Analyst gnewman@humana.com
500 W. Main St. 502-476-1423 [Phone]
Louisville, KY 40202

Filing Company Information

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina
210 South White Street Group Code: 119 Company Type:
Lancaster, SC 29721 Group Name: State ID Number:
(800) 635-4252 ext. [Phone] FEIN Number: 57-0380426

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form since there is no fee in our domicile state of SC.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$50.00	07/20/2010	38148889

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/05/2010	08/05/2010

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Disposition

Disposition Date: 08/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	HUMA-126727024	State:	Arkansas
Filing Company:	Kanawha Insurance Company	State Tracking Number:	46248
Company Tracking Number:	1706 6/10		
TOI:	H14I Individual Health - Hospital Indemnity	Sub-TOI:	H14I.000 Health - Hospital Indemnity
Product Name:	Discount and Services Programs Endorsement - Health		
Project Name/Number:	/1706 6/10		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Endorsement to Policy	Approved-Closed	Yes

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Filing Company: Kanawha Insurance Company State Tracking Number: 46248

Company Tracking Number: 1706 6/10

TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

Product Name: Discount and Services Programs Endorsement - Health

Project Name/Number: /1706 6/10

Form Schedule

Lead Form Number: 1706 6/10

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/05/2010	1706 6/10	Policy/Cont Endorsement to ract/Fratern Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		49.500	Health Endorsement Discount Program.pdf

KANAWHA INSURANCE COMPANY

[210 S. WHITE STREET]
[LANCASTER, SC 29720-2560]

[PO BOX 610]
[LANCASTER, SC 29721-0610]

TELEPHONE: [877-207-0158]

ENDORSEMENT TO POLICY

This Endorsement is added to Your Policy and becomes a part of Your contract effective immediately upon Your receipt of it.


This Endorsement adds the following provision to the Benefits section of Your Policy:

Discount and Services Programs

From time to time, We may offer or provide access to discount programs to You. In addition, We may arrange for third party service providers such as pharmacies, optometrists, dentists and alternative medicine providers to provide discounts on goods and services to You. Some of these third party service providers may make payments to Us when covered persons take advantage of these discount programs. These payments offset the cost to Us of making these programs available. Although We have arranged for third parties to offer discounts on these goods and services, these discount programs are not insured benefits under the Policy. The third party service providers are solely responsible to You for the provision of any such goods and/or services. We are not responsible for any such goods and/or services, nor are We liable if vendors refuse to honor such discounts. Further, We are not liable to covered persons for the negligent provision of such goods and/or services by third party service providers.

No other provisions of Your Policy are affected by this Endorsement.

Signed for the Company

[]
[President]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/05/2010
Comments:		
Attachments:		
1706 Readability Certification.pdf		
ARKANSAS CERTIFICATION.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/05/2010
Bypass Reason: This is an endorsement only filing that will be used with the previously approved forms as listed under the General Information Tab.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	08/05/2010
Bypass Reason: This is an endorsement only filing that will be used with the previously approved forms as listed under the General Information Tab.		
There is no cost associated with the endorsement.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	08/05/2010
Bypass Reason: This is an endorsement only filing that will be used with the previously approved forms as listed under the General Information Tab.		
Comments:		

READABILITY CERTIFICATION

Company Name: Kanawha Insurance Company

NAIC Number: 65110

FEIN Number: 57-0380426

Subject: Discount and Services Programs Endorsement to Policy, 1706 6/10

As an officer of Kanawha Insurance Company, I hereby certify that the following form achieves a Flesch score that meets or exceeds requirements as follows:

Form Number

Flesch Score

1706 6/10

49.5



R. Dale Vaughan, President

July 12, 2010

Date

ARKANSAS CERTIFICATION

I, R. Dale Vaughan, President of Kanawha Insurance Company, do hereby attest and certify to the following:

- The Company has reviewed its issuance procedures. The Company is in compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.
- This policy form submission, meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as applicable requirements if the Arkansas Insurance Department.

Kanawha Insurance Company



R. Dale Vaughan, President

July 12, 2010

Date